

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.	FILING DATE				
								10/575210					
								APPLICANT(S)					
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2							52						
3							53						
4							54						
5							55						
6							56						
7			1				57						
8							58						
9							59						
10							60						
11							61						
12			1				62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26			1				76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34			1				84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			17				TOTAL IND.						
TOTAL DEP.			3				TOTAL DEP.						
TOTAL CLAIMS			38				TOTAL CLAIMS						